21602 10252	23095 28			te of Nel		s Mo	tor	Vel	hicl	e A	<b>\</b> C	cid	er	nt Re	port	;	Shee	et1	of _	2						
1	Total Nu		Local No./ District 035  Agency Case No B6-050106								I	HIT & RUN	_	INVESTIGATION MADE AT SCENE?												
A/1	of Vehic		Case   B6-050106   No.   B6-050106   No.   D   No.   No.										YES (In Mil	X NO	XYES NO STATE USE ONLY			1								
01 A/2	OF ACCIDENT	06/0	6/20	S/2016 S M T W TH F S TIME OF ACCIDENT 1910										Amen	Amended											
	PLACE OF	COUNTY	Lancaster							POLICE NOTIFIED			1911	06/06	06/06/2016											
В	ACCIDENT	CITY LINCOIN													PRIVATE ILS NO L			LATITUDE								
76	ROAD O			STREET/ HIGHWAY NO	o. <b>4502 (</b>	) Street	- Dri	veway	y					ONE-WAY STREET?	YES NO											
с 1	DISTANCE	FROM	FEET		N	S E	W OF MIL	EPOST				HIGH	IWAY			LONGITUE	E			1						
D				AT INTERSE										ECTION		-										
2		NAN	/IE OF	INTERSECTI	NG ROADWA	Y		X FE		MILES	8 <b>N</b>	S	E		EAREST STREE	T, BRIDGE	, RAIL	ROAD C	ROSSING	FEMALE						
V1/M		IF ACCIDENT WAS OUTSIDE CITY							96.00						16 Street											
01	MILES			N S E	W AND MILES	WAS OUTS	SIDE CI		S E	w	OF NE	AREST OR TOW		KOW NEAR	REST TOWN					1						
V2/M	_														DOES ACCID	ENIT INIVOL	VE D	AMAGE	. TO	4						
E	R. WORK ZONE	R1 1	R2	R3 R4		SIFICATION	1 10	2	S3		65-a 04	S5-b	1	S6-b	STATE DEPT.	OF ROAD	S' PR									
1	CODES	ľ		CODES											s 🅉 NO				4							
F	DRIVER			L12251	702			VE	HICLE	NO.	1				STATE	NIE		, X	FEMALE	$\dashv$						
1	<b>LICENSE</b> DRIVER		NO.	H13251	192							PHONE			(Of License)	NE LOCAL NO			MALE	-						
V1/N <b>1</b>	NICOLE DRIVER ADDRI		IGG	IANO		OLT.	07175	710				402	440	3784	D					_						
V2/N			Tree	#91, LIN	ICOLN, I		STATE, 2 06	ZIP							DATE OF BIRTH (MM / DD / YYYY	08/01	1/19	84		V1/1						
	OWNER NICOLE	RUC	3614	ONA								PHONE 402	440	3784		LOCAL NO	O.			15 V1/2						
G	OWNER ADDRI	ESS			A DT 04		STATE, 2		<b>500</b>					CITATION	YES	CITATION	NO.			1						
2		ANDLE TREE LN APT 91, LINCOLN, NE 68506  PA NO. TSL109  PA NO. TSL109  PENDING X NO  YEAR (Plate Expires) 2017  STATE (Of Plate) NE										V1/3														
н 5	LICENSE PLATE	PA	-		MAKE		MODEL			BODY	STYLE	=				STIMATED I	(Of P	late)	NE	V1/4						
V1/O	VEHICLE	_   :	2007		Chrysle			Cruise	er		i va			black		TOTALE										
1	VEHICLE ID NO. (VIN)	3A4	3A4FY48B17T509005 INSURANCE COMPANY USAA									V1/5														
V2/O	TOWED TO	•				TOWED BY	′							POLICY NO	39886671	027				- 15 V1/6						
ı								VE	HICLE	NO.	2				STATE											
3	DRIVER LICENSE														SEX FEMALE MALE											
V1/P	DRIVER									PHONE						LOCAL NO	Э.			V2/1						
1 V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP												DATE OF BIRTH (MM / DD / YYY					1						
	OWNER	WNER								PHONE					(MIM / DD / YYYY)			LOCAL NO.								
J	OWNER ADDRI	ESS				CITY,	STATE, 2	ZIP					c	CITATION	YES	CITATION	NO.			V2/3						
01														⊃ PENDI	NG NO					4						
V1/Q <b>4</b>	LICENSE PLATE		NO.											YEAR ate Expires)			(Of P	late)		V2/4						
V2/Q	VEHICLE	YEAR	MAKE MODEL							BODY STYLE COLO						ESTIMATED DAMAGE  TOTALED \$			V2/5							
	VEHICLE ID NO. (VIN)													INSURANC	E COMPANY											
к 01	TOWED TO			TOWED BY								POLICY NO.						V2/6								
01		Comr	lote	this se	ction fo	r all in	iuroc	l nor	eone					DATE	OF BIRTH	1	2	3	4	5 054						
		(Con	plete	a continuation	on report, if	more than t	three w	ere injui	red)	(MM / DE					DD / YYYY)	Seat Position	Eject	Body Region	Injury Tr	ans. M F						
_	H. # NAME ADDRESS Jordan W Mann 4125 N #1, Lincoln, NE 68510							0					4/23/20	19		10	3 1	I M								
0	LOCAL NO.   MEDICAL FACILITY NAME   EMS SERVICE NAME							NAME					EMS RUN REPORT NO.													
VEH. #	EH. # NAME ADDRESS														$\Box$											
	LOCAL NO.		MEDI	ICAL FACILITY N	NAME				IEMS SI	ERVICE N	NAME					EMS RU	N REP	ORT NO								
VEH. #	NAME				Al	DDRESS																				
	LOCAL NO.   MEDICAL FACILITY NAME   EMS SERVICE NAME												EMS RU	EMS RUN REPORT NO.												

	_	_		THE FO	DLLOWING					OR ALL ACCIDENT	CY CASE N	0		
		$\setminus \mid$				ı	NDICATE	BY DIAGRAN	I WHAT HAF		-050106			
		<i>)</i>	•											
Inc	dicat	e												
N	lorth		•								•		•	•
by	Arro	W												
			106'	POI: Estim W of W Curl		troot						•		
ı				'N of N Curk										
				No sl										
			Ric	/cle: White/E	Rlack/Rlue									
				Ambush Boy		е								
		•		cle SN:G14				010		Entrance/Exit drive	e to	•	•	•
									•	Taco Bell 4502 O S				
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					БС	1511 –								
										Not To	Scale			
			•							7101 70	Ocurc		•	•
1/0	hiolo	ono	was Southbau	nd in the drive						INVESTIGATION onto O Street and was imp	ootod by	a biovalist	who wo	
≥ OE	BJECT		-	OWNER NAME	Moon 41	05 NI Q+	ADDRESS	Lincoln N	IE 60510	PHONE			COST OF E	DAMAGE
Scratch to bicycle Jordan W Mann 412						25 IN St	ADDRESS		100010	9 4026017272 PHONE	2	\$ 25	COST OF D	244405
Scratch to bicycle Jordan W Mann 4129  OBJECT DAMAGED OWNER NAME							ADDRESS			PHONE		<b>\$</b>	COSTOFE	DAMAGE
	AME						ADDRESS				P	HONE		
WITNESSES														
N/	AME						ADDRESS				P	HONE		
>	VFH	ICI F	MOVEMENT	т.	OUNT OF IMP			AIRBAG D	EDI OVED	RESTRAINT USE	<u> </u>			
			COLLISION		POINT OF IMP MOST DAMAG			VEHIC		VEHICLE 1	OCCUP		' 1   <sup>v</sup>	EH 2
VEH NO.	NS	E W	ROAD OR HIGHWAY NAME	(Ente	er numbers fo	r each veh	nicle)				ALCOH			
1	X		Driveway	VEHIC	CLE 1	VEHIC	LE 2	-			TESTII		No. 2	trian
	+	+	,	POINT OF		POINT OF		4		9	ALCOH LEVE		Y	Y
2				IMPACT	02	IMPACT		1 Deployed - f 2 Deployed - s		1 None used - vehicle occupan 2 Lap & shoulder belt used		1.17	N	N X
1	11		06 Turning left	MOST DAMAGED	02    1	MOST DAMAGED		3 Deployed - I	ooth front/side	3 Shoulder belt only used 4 Lap belt only used	BAC LE\	/EL	Driver	Driver
2 07 Making U-turn 08 Entering				n AREA		AREA		<ul><li>4 Not deploye</li><li>5 Not applical</li></ul>	ole/	5 Child safety seat used 6 Child booster seat used		COHOL/ RUGS	No. 1	No. 2
	ssentia	lv.	traffic lane 09 Leaving	00 None	02	03	04	No airbag a 6 Unknown	vailable	7 DOT approved helmet used 8 Costume helmet used		PECTED	1	
sti	raight a		traffic lane	09 Top & v		7		VEHICLE 2		9 Restraint use unknown VEHICLE 2	1 Neither alcohol nor drugs suspe			uspected
02 Ba	0	j lane	10 Parked	11 Total (al	9 01		05					alcohol susp drugs suspe		
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic					08	07	06	_			4 Yes -	alcohol & dr		cted
	assing Irning I	ight	12 Other 13 Unknown								5 Unkr	nown		
OFFICER NO. TROOP/ TEAM/												) YES		
1517   Lincoln Police Department   taken? X N														
INVESTIGATOR NAME (Print or Type)  David Wunderlich							roved by	TURE  Officer Da	DATE OF 06/06/2016					